

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/522806

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/	/
2	/	0	/	0	/	0
3	0	0	0	0	0	0
4	/	/	/	/	/	/
5	/	/	/	/	/	/
6	/	/	/	/	/	/
7	0	0	0	0	0	0
8	/	/	/	/	/	/
9	/	/	/	/	/	/
10	/	/	/	/	/	/
11	/	/	/	/	/	/
12	/	/	/	/	/	/
13	/	/	/	/	/	/
14	/	/	/	/	/	/
15	/	/	/	/	/	/
16	/	/	/	/	/	/
17	/	/	/	/	/	/
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25	/	/	/	/	/	/
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28	/	/	/	/	/	/
29	/	/	/	/	/	/
30	/	/	/	/	/	/
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32	/	/	/	/	/	/
33	/	/	/	/	/	/
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36	/	/	/	/	/	/
37	/	/	/	/	/	/
38	/	/	/	/	/	/
39	/	/	/	/	/	/
40	/	/	/	/	/	/
41	/	/	/	/	/	/
42	/	/	/	/	/	/
43	/	/	/	/	/	/
44	/	/	/	/	/	/
45	/	/	/	/	/	/
46	/	/	/	/	/	/
47	/	/	/	/	/	/
48	/	/	/	/	/	/
49	/	/	/	/	/	/
50	/	/	/	/	/	/
TOTAL IND.	3	↓	2	↓	2	↓
TOTAL DEP.	4	←	2	←	13	←
TOTAL CLAIMS	7	X	X	X	15	X

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		X		X		X

BEST AVAILABLE COPY